



**COMPOSITE HEALTH CARE SYSTEM**

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**“The Legacy Continues...”**

**Data Quality Management Control Program  
TRICARE Data Quality Course**

**September 2010**





# Agenda

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- **Part 1 - CHCS - The Legacy Continues...**
  - Data Quality Building Blocks
  - CHCS Support for Data Quality
  - Managing Data Quality in CHCS
  - Information Resources
- **Part 2 - Ambulatory Data Module (ADM)**
  - CHCS-ADM/AHLTA Data Updates
  - Business Rules & Process Checks for Data Quality



## Brief Notes:

- **Hyperlinks** can only be accessed from Slideshow Mode
- Imbedded Icons can only be accessed from Normal View
- See Notes View for Additional Details and Business Rules
- The data is real, only the names have been changes to ensure compliance with HIPAA Protected Health Information (PHI)
- Re-use of any charts, graphics or animations - Encouraged!





# **Course Objectives**

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- **Managing Data Quality in CHCS:**
  - Identify key files in CHCS that must be maintained to support Data Quality
  - Highlight features and business rules in CHCS that impact Data Quality
  - Identify data flows and processes to improve Data Quality
  - Who needs to be on Your Team?
- **Where to locate Information Resources...**





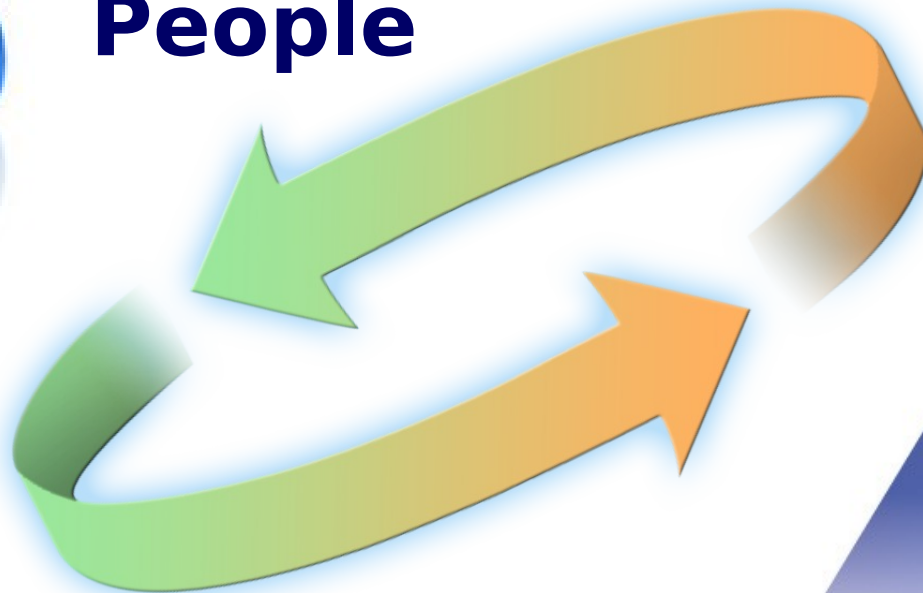
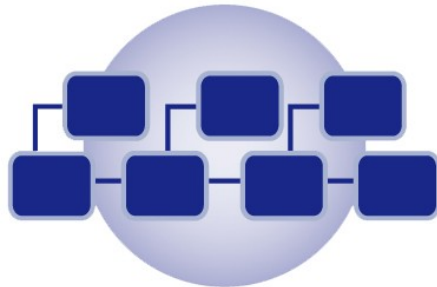
# Data Quality Management

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**People**

**Process**



**Technolo  
gy**







# Why the Focus?

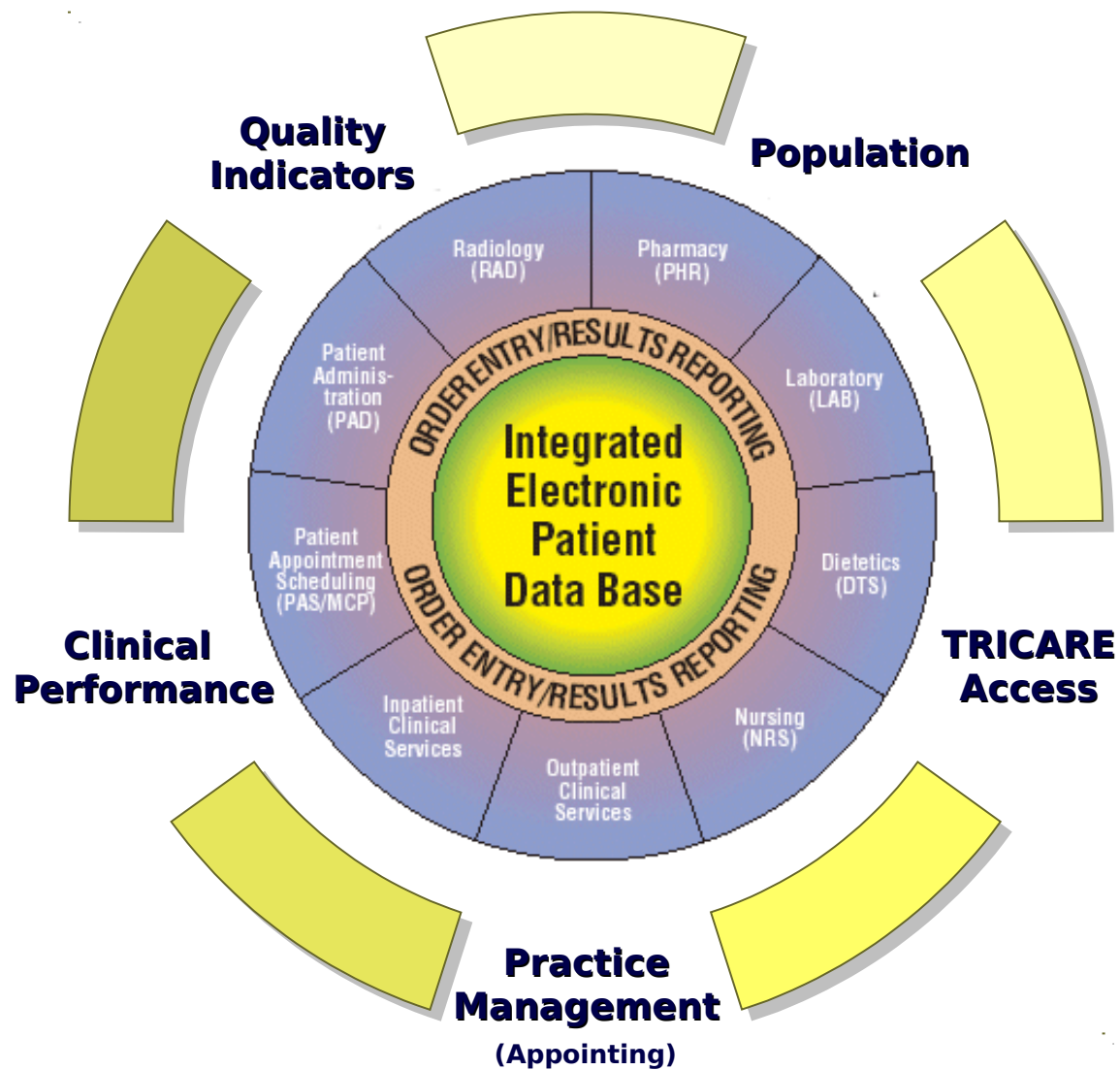
- **CHCS continues to be the primary clinical data source for the Military Health System (MHS) to:**
  - **Measure productivity/efficiency**
  - **Forecast demand for services**
  - **Establish performance benchmarks**
  - **Identify trends and utilization**
  - **Assess and improve quality**
    - Access to Care
    - Standard of Care
    - Population Health
    - Military Related Illness/Injuries
    - Clinical Practice Guidelines
    - Outcomes
    - Research







# Data Capabilities







# Since 1992...

- **CHCS has been the primary operational clinical system supporting DoD and US Coast Guard facilities world-wide:**
  - 100+ Individual CHCS Host Platforms
  - Supports Military and US Coast Guard Treatment Facilities worldwide
- **Interfaces with more than 40 Clinical & Administrative systems:**
  - AHLTA - Department of Defense Electronic Medical Record (EMR)
  - Beneficiary Eligibility - Defense Eligibility & Enrollment System (DEERS)
  - Resources - Expense Assignment System (EAS)
  - Billing - Third Party Outpatient Collections System (TPOCS)/Medical Services Accounting
  - Pharmacy - Pharmacy Data Transaction System (PDTs)
- **Standard tables for data consistency:**
  - ICD-9-CM (Inpatient/Outpatient Diagnosis and Inpatient Procedures)
  - CPT/HCPCS (Outpatient Procedures and Services/Supplies)
  - Provider Medical Specialty->HIPAA Provider Taxonomy
  - CHAMPUS Maximum Allowable Charge (CMAC-OIB) Table
  - Federal and DoD standard tables
- **Site defined files and tables for MTF operations**
- **Standard and “Ad-Hoc” reporting capabilities**







# A Day at Womack AMC...



<b>TRICARE Prime/Plus Enrollees</b>	<b>112,600</b>
<b>Outpatient Clinic Visits</b>	<b>3,360</b>
<b>Babies Born</b>	<b>9</b>
<b>Beds Occupied</b>	<b>94</b>
<b>Surgical Procedures</b>	<b>29</b>
<b>X-rays, CT Scans and MRI's</b>	<b>848</b>
<b>Pathology Procedures</b>	<b>2,630</b>
<b>Prescriptions Filled</b>	<b>7,019</b>
<b>ER Encounters</b>	<b>200</b>

Data Source: CHCS (FY09-10)



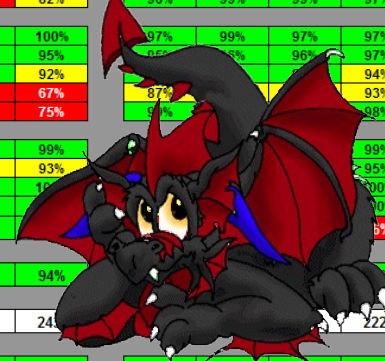


# It's Not Easy Being Green!

March 2010 (January FY 2010 Data Month)

Percent Compliant by Service (extract from TMA Summary Sheet)

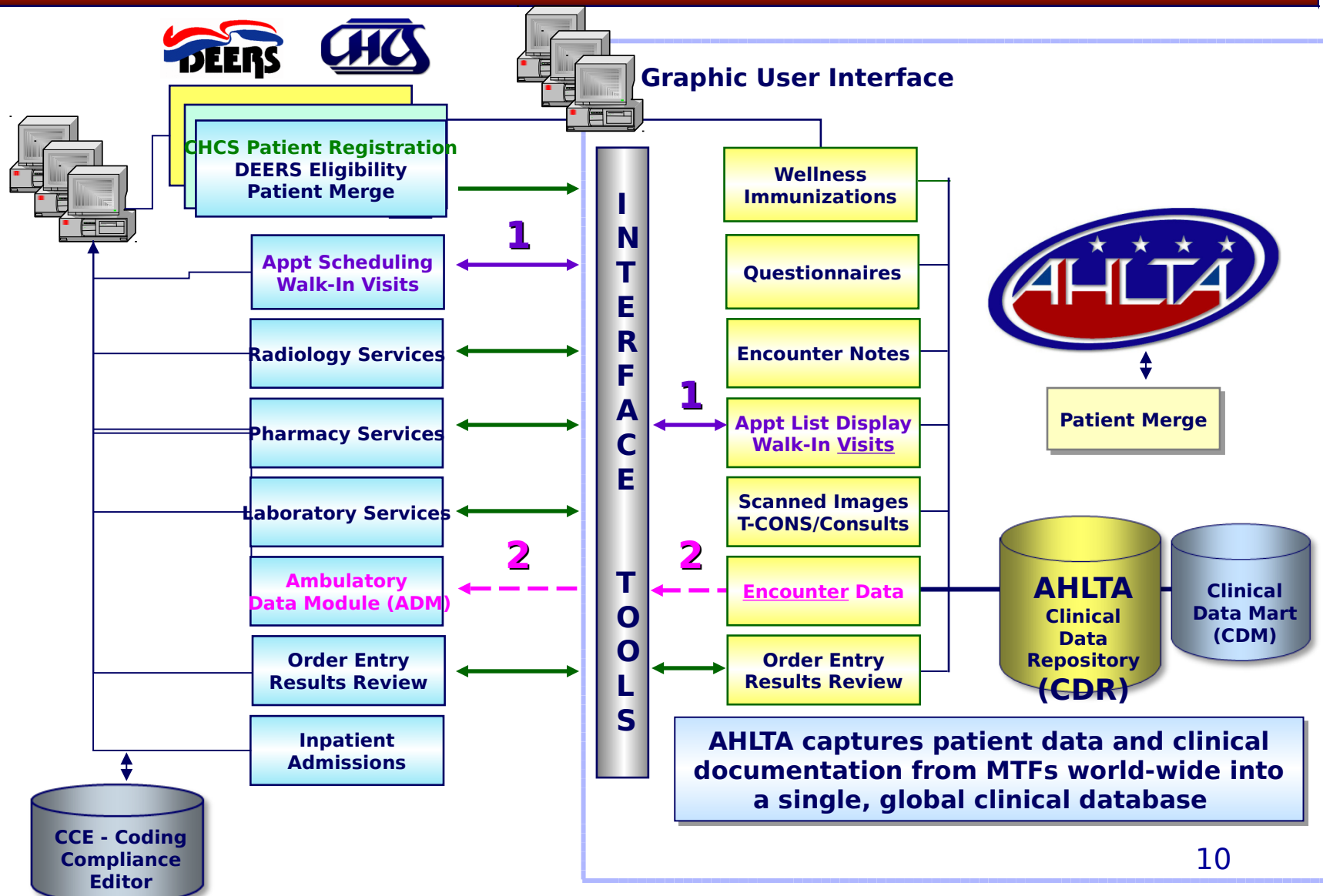
DQ Statement Question Number:	Army				Navy				Air Force			
	Dec-09	Jan-10	Feb-10	Mar-10	Dec-09	Jan-10	Feb-10	Mar-10	Dec-09	Jan-10	Feb-10	Mar-10
	Oct-09	Nov-09	Dec-09	Jan-10	Oct-09	Nov-09	Dec-09	Jan-10	Oct-09	Nov-09	Dec-09	Jan-10
<b>Data Month</b>												
1. In the reporting month:												
a. What percentage of appointments were closed in meeting your "End of Day" processing requirements, "Every ap	100%	100%	100%	100%	99%	99%	100%	100%	99%	99%	100%	100%
2. IAW legal and medical coding practices have all the following occurred:												
a. % of Outpatient Encounters (non-APV) coded within 3 business days of encounter.	93%	92%	93%	93%	92%	91%	90%	90%	93%	93%	94%	93%
b. % of APVs coded within 15 calendar days of encounter.	96%	95%	92%	97%	92%	88%	84%	88%	85%	83%	80%	77%
c. % of Inpatient records coded within 30 calendar days after discharge.	44%	39%	60%	87%	60%	71%	69%	84%	64%	43%	61%	86%
3. IAW with TMA policy, "Implementation of EAS/MEPRS Data Validation and Reconciliation DoD 6010.13-M":												
a. Monthly EAS/MEPRS financial reconciliation process was completed, validated, & approved prior to monthly trans	89%	94%	94%	94%	71%	100%	100%	100%	41%	22%	30%	58%
b. Were the data load status, outlier/variance, WVR-EAS IV, & Alloc. Tabs in MEWACS reviewed and anomaly expl	91%	94%	94%	94%	100%	100%	100%	100%	100%	100%	99%	100%
c. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSI, What is the Percentage of Submitted Timecards by th	90%	91%	91%	96%	97%	98%	97%	98%	86%	89%	93%	93%
d. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSI, What is the Percentage of Approved Timecards by th	90%	91%	92%	97%	97%	98%	98%	99%	84%	86%	90%	92%
4. Compliance with TMA or Service-Level guidance for timely submission of data:												
a. MEPRS/EAS - 45 calendar days	71%	94%	91%	89%	75%	0%	50%	71%	22%	18%	22%	34%
b. SIDR/CHCS - 5th working day of the following month	96%	100%	79%	100%	95%	89%	100%	95%	80%	100%	87%	93%
c. WVR/CHCS - 10th calendar day of the following month	100%	100%	97%	89%	96%	96%	93%	100%	92%	100%	96%	97%
d. SADR/ADM - Daily	99%	99%	99%	100%	94%	93%	91%	98%	100%	100%	100%	99%
5. Outcome of monthly inpatient coding audit:												
a. % of Inpatient Records whose assigned (DRG) codes were correct?	62%	71%	74%	91%	97%	95%	96%	96%	51%	52%	66%	91%
b. % of Inpatient Professional Services Rounds encounters E & M codes audited and deemed correct?	87%	93%	90%	98%	97%	98%	97%	96%	73%	71%	78%	78%
c. % of Inpatient Professional Services Rounds encounters ICD-9 codes audited and deemed correct?	85%	89%	87%	95%	95%	94%	93%	92%	70%	70%	78%	77%
d. % of Inpatient Professional Services Rounds encounters CPT codes audited and deemed correct?	86%	89%	88%	98%	96%	95%	97%	96%	72%	70%	79%	78%
e. % of completed & current (signed within past 12 months) DD Form 2569s (TPC Insurance Info) is available for	92%	96%	97%	97%	98%	91%	63%	67%	93%	93%	78%	83%
f. % of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Information	95%	100%	99%	100%	98%	97%	68%	78%	51%	52%	66%	91%
6. Outpatient Records												
a. Is the documentation of the encounter selected to be audited available? (Documentation includes document, in r	100%	99%	99%	100%	100%	100%	100%	100%	98%	100%	100%	97%
b. % of E&M codes deemed correct? (E & M Codes must comply with current DoD guidance)	88%	88%	91%	92%	85%	86%	84%	79%	86%	89%	88%	86%
c. % of ICD-9 codes deemed correct?	88%	89%	92%	91%	90%	91%	91%	86%	91%	92%	92%	89%
d. % of CPT codes deemed correct? (CPT Codes must comply with current DoD guidance)	88%	87%	92%	91%	90%	91%	90%	87%	90%	91%	91%	89%
e. % of completed & current (signed within past 12 months) DD Form 2569s (TPC Insurance Info.) is available for au	83%	81%	82%	85%	78%	78%	64%	65%	88%	90%	90%	87%
f. % of available, current, and complete DD Form 2569s is verified to be correct in PII module of CHCS?	99%	98%	96%	98%	97%	93%	77%	82%	96%	99%	99%	97%
7. Ambulatory Procedure Visits (APV)												
a. Is the documentation of the encounter selected to be audited available? (Documentation includes document, in r	100%	100%	99%	99%	100%	100%	99%	100%	97%	99%	97%	97%
b. % of ICD-9 codes deemed correct (APV)?	93%	96%	96%	97%	95%	96%	96%	95%	97%	98%	96%	97%
c. % of CPT codes deemed correct (APV)? (CPT Codes must comply with current DoD guidance)	94%	98%	97%	98%	97%	96%	95%	92%	97%	96%	95%	94%
d. % of completed & current (signed within past 12 months) DD Form 2569s (TPC Insurance Info.) is available for au	96%	92%	95%	97%	97%	82%	71%	67%	87%	90%	91%	93%
e. % of available, current, and complete DD Form 2569s is verified to be correct in PII module of CHCS?	100%	100%	100%	100%	97%	88%	74%	75%	97%	99%	99%	98%
8. Comparison of reported workload data [Service average is average of percentage of each MTF.]												
a. # of SADR encounters (count only) / # of WVR visits	98%	98%	99%	99%	95%	98%	96%	99%	95%	98%	96%	99%
b. # of SIDR dispositions / # of WVR dispositions	17%	54%	81%	87%	55%	66%	89%	93%	100%	99%	100%	100%
c. # of EAS visits / # of WVR visits	74%	94%	94%	91%	100%	99%	100%	100%	100%	100%	100%	100%
d. # of EAS dispositions / # of WVR dispositions	67%	87%	92%	87%	100%	100%	100%	100%	79%	82%	81%	86%
e. # of Inpatient Professional Services Rounds SADR encounters (FCC=A**) / # of SUM WVR (Total Bed days + Dis	86%	88%	90%	91%	92%	94%	92%	94%	92%	94%	92%	94%
9. System Design, Development, Operations, and Education/Training												
a. # of AHLTA SADR encounters / # of Total SADR encounters. (question is intended to gauge AHLTA penetration) N	90%	91%	91%	90%	92%	94%	92%	94%	92%	94%	92%	94%
10. CHCS software used to identify duplicate patient registration records												
a. What was the number of potential duplicate records in the reporting month?	582	619	466	560	330	202	252	24	222			
11. Awareness of Data Quality Issues												
a. I am aware of data quality issues identified by the DQMC Review list and when needed, have taken action to improve the data from my facility.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%







# Integrated Capabilities







# Configuration Management

Mail		CHCS CPs			Search CHCS CPs
Favorite Folders		From	Subject	Received	
Mail Folders					
All Mail Items					
Deleted Items (104)					
Drafts (6)					
Inbox (1132)					
ALLPADS (155)					
ARMY CODING (32)					
CHCS CPs (62)					
DBO PRODUCTIVITY					
LES (43)					
MHS PHP (8)					
WAMC TICKETS (1)					
Junk E-mail (38)					
Outbox					
RSS Feeds					
Sent Items					
Search Folders					
Archive Folders					
Mailbox -					
Personal Folders					
Personal Folders					
Personal Folders					

From	Subject	Received
Ms CTR US USA ...	CHCS - SPECIAL SOFTWARE - DMIS ID UPDATE V8.0 FY2010 (UNCLAS...	Tue 4/20/2010 11:20 AM
Ms CTR US USA ...	CHCS - SPECIAL SOFTWARE - SCR ALLOW MANUAL EXPANSION OF ...	Tue 4/20/2010 11:18 AM
Ms CTR US USA ...	CHCS - SPECIAL SOFTWARE - DOS LAB TEST DATA UPDATE V2.0 FO...	Tue 4/20/2010 11:16 AM
Ms CTR US USA ...	CHCS - SPECIAL SOFTWARE PACKAGE - PATIENT CATEGORY FY10 1...	Tue 4/20/2010 11:13 AM
Ms CTR US USA ...	First Databank and CPT Codes have been loaded (UNCLASSIFIED)	Sat 4/17/2010 5:14 AM
Ms CTR US USA ...	CHCS - Special Software - CPT Version 1.0 Fiscal Year 2010 (UNCLASSIFI...	Mon 4/12/2010 8:51 AM
Ms CTR US USA ...	CHCS CHANGE PACKAGE 352 (UNCLASSIFIED)	Thu 3/25/2010 1:36 PM
Ms CTR US USA ...	CHCS SS UIC FY10 V1.0 DATA UPDATE (UNCLASSIFIED)	Mon 3/22/2010 4:09 PM
Ms CTR US USA ...	CHCS SS DMIS ID UPDATE V6.0 FY2010 (UNCLASSIFIED)	Mon 3/22/2010 4:07 PM
Ms CTR US USA ...	CHCS SS SNOMED DATA UPDATE V1.0 FY2010 (UNCLASSIFIED)	Mon 3/22/2010 4:05 PM
Ms CTR US USA ...	CHCS - CP 351 - Combined Packages of Special Software (UNCLASSIFIED)	Fri 3/5/2010 3:58 PM
Ms CTR USA ME...	Trying to update distribution list (UNCLASSIFIED)	Wed 2/24/2010 9:43 AM
Ms CTR USA ME...	CHCS - SS - 35159 (UNCLASSIFIED)	Wed 2/24/2010 9:40 AM
Ms CTR USA ME...	CHCS - SS - LOINC Update V1.0 for FY2010 (UNCLASSIFIED)	Wed 2/24/2010 9:33 AM
Ms CTR USA ME...	CHCS - SS DMIS Update V5.0 for FY2010 (UNCLASSIFIED)	Wed 2/24/2010 9:30 AM
Ms CTR USA ME...	CHCS PACKAGE - CHANGE PACKAGE 350 (UNCLASSIFIED)	Fri 1/15/2010 2:33 PM
Ms CTR USA ME...	CHCS Package - ZIP Code Update VY2010-01 (UNCLASSIFIED)	Fri 1/15/2010 2:29 PM
Ms CTR USA ME...	CHCS Package - DMIS ID UPDATE FY 2010-4 (UNCLASSIFIED)	Fri 1/15/2010 2:27 PM
Ms CTR USA ME...	CHCS Package - DOD LAB TEST DATA UPDATE FY 2010-01 (UNCLASSI...	Fri 1/15/2010 2:25 PM
Ms CTR USA ME...	CHCS Package - First Databank Update 2010-01 (UNCLASSIFIED)	Fri 1/15/2010 2:24 PM
Ms CTR USA ME...	CHCS - Special Software 35153 (UNCLASSIFIED)	Mon 12/21/2009 8:42 AM
Ms CTR USA ME...	CHCS - NDC Rate Table Update FY10 V1.0 (UNCLASSIFIED)	Mon 12/21/2009 8:39 AM
Ms CTR USA ME...	CHCS - Change Package 349 (UNCLASSIFIED)	Mon 12/21/2009 8:34 AM
Ms CTR USA ME...	CHCS - Special Software 35121 (UNCLASSIFIED)	Fri 12/4/2009 9:41 AM

## Periodic Software Updates include:

### - Special Software (SS) to update Standard Files such as:

- Defense Medical Information System (DMIS ID), Unit Identification Codes (UIC), ICD-9 and CPT Codes, Pharmacy, Billing Rate Tables, Zip Codes, etc.

### - CHCS Change Package (CP) updates:

- Bug "Quick" Fixes and Minor changes
- Must be installed by Systems Staff in sequence to ensure Configuration Management





# DQ Building Blocks

## MTF Managed Files and Tables:

### 1. User File

- Who is authorized to access CHCS/AHLTA
- Access levels defined by Security Keys

### 2. Patient File

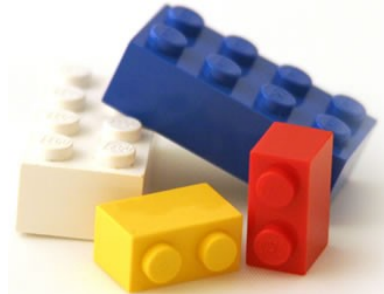
- Unique identification of persons in the CHCS database
- Registration in the CHCS "Host" Database is required for the patient to be processed in AHLTA as a Walk-In/T-CON, Essentris Inpatient processing or for Ancillary Order Entry

### 3. Provider File

- Unique identification of both Direct Care and External Civilian Providers
- Medical Specialty->HIPAA Taxonomy
- National Provider ID (NPI)
- Clinical Order Entry Access/Approval Authority (CHCS/AHLTA)

### 4. Hospital/Clinic Location File

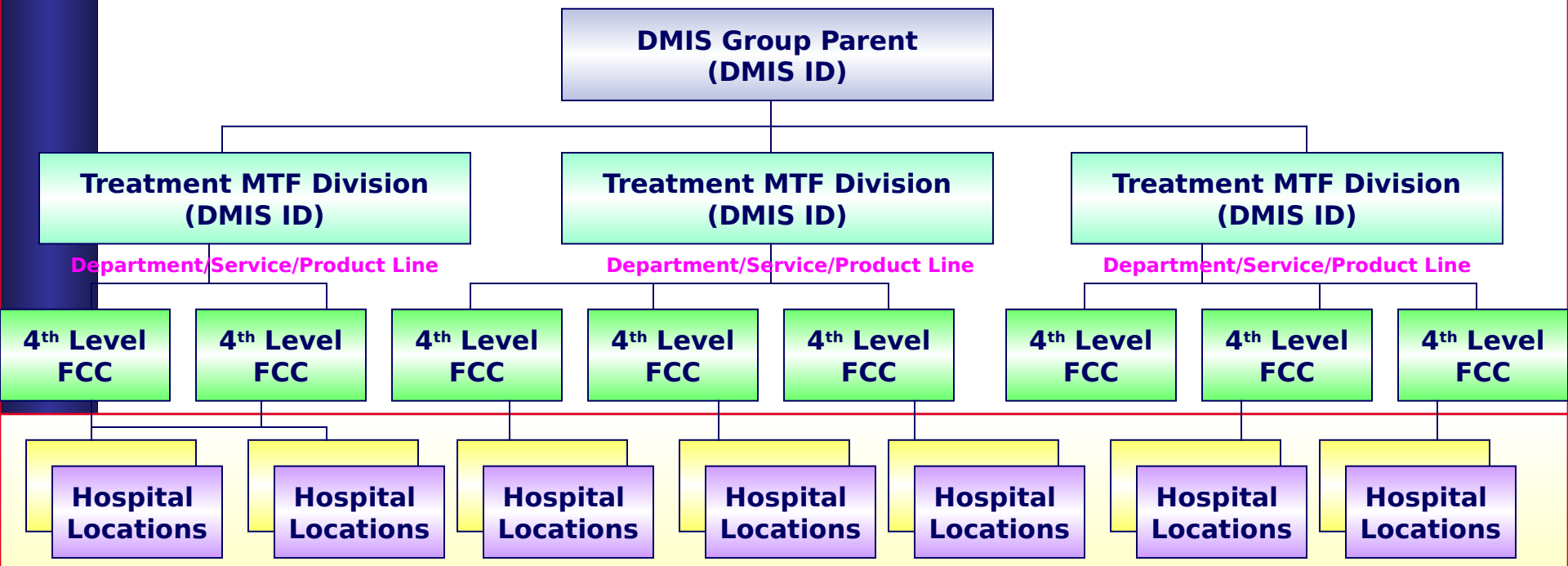
- Identifies types of Services provided and where they are performed:
  - Inpatient Wards, Ambulatory Procedure Units (APUs), Outpatient Clinics, Ancillary Services Locations (LAB, RAD and Rx), Admin Areas/File Rooms, etc.
- Linked to Functional Cost Codes (FCCs) and Defense Medical Information System (DMIS) IDs for Workload Reporting







# MTF Structure



- **MTF Workload is captured and reported by:**
  - Group Parent Defense Medical Information System ID (DMIS ID)
  - Treatment MTF DMIS ID
  - 4<sup>th</sup> Level MEPRS Code - Functional Cost Code (FCC)
  - Hospital Location
- **Hospital Locations “Places of Care” support MTF activities/services such as:**
  - Managed Care (Primary Care Manager) Teams
  - Wards, Clinics, Ambulatory Procedure Units, Ancillary Services, File Rooms, External Locations, etc.






# Data By DMIS


## NED Discrepancy Report

Report Run Date: 8-May-10

						
Parent DMIS	Child DMIS	Facility Name	BOS	HSR	Region	Count
89		WOMACK AMC-FT. BRAGG	Army	17	North	1,250

## NED Discrepancy Report

Report Run Date: 8-May-10

						
Parent DMIS	Child DMIS	Facility Name	BOS	HSR	Region	Count
	89	WOMACK AMC-FT. BRAGG	Army	17	North	467
	7143	ROBINSON CLINIC-FT. BRAGG	Army	17	North	317
	7286	JOEL CLINIC-FT. BRAGG	Army	17	North	224
	7294	CLARK CLINIC-FT. BRAGG	Army	17	North	226
	335	43RD MEDICAL GROUP-POPE	Air Force	17	North	38

- **Multiple MTFs aligned to Parent DMIS ID**
- **Different reports use different “Roll-Ups”:**
  - Some enterprise, service and CHCS reports include Child DMIS – Others do not
  - Understand when to also include Child DMIS to display ALL data for the DMIS Group





# Hospital Location

- Multiple Hospital Locations may be linked to the same 4<sup>th</sup> level FCC
- Used by AHLTA to map Assigned Clinic Locations to Users and Appointment List Displays

GRP	MTF	FCC	CHCS DEPT/SERVICE/LINE	CLINIC LOCATION NAME	WKLD TYPE	FCC DESCRIPTION
0089	0089	BGAA	FAMILY MEDICINE SERVICES	FAMILY PRACTICE T-CON	NON-COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM SPORTS MEDICINE	COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM-TEAM DUTY	COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM-TEAM HONOR	COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM-TEAM INTEGRITY	COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM-TEAM RESPECT	COUNT	WAMC FAMILY MEDICINE
0089	7286	BGAN	FAMILY MEDICINE SERVICES	JHC-BLUE TEAM	COUNT	JOEL HEALTH CLINIC
0089	7286	BGAN	FAMILY MEDICINE SERVICES	JHC-RED TEAM	COUNT	JOEL HEALTH CLINIC
008	728					





# DQ Building Blocks

## MTF Managed Files and Tables:

### 4. Schedule Entity File

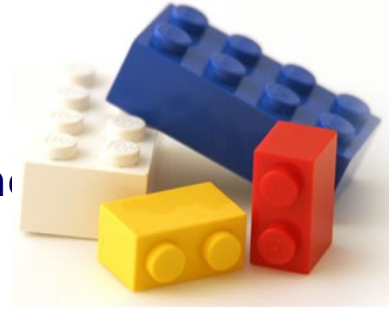
- Holds Schedule Templates for Clinic Appointments
- Data purged from CHCS after 90-120 Days

### 5. Patient Appointment File

- Contains Clinic, Attending RNDS\* and Radiology (RAD\*) Appointments
- Sends Scheduled Appointments and Walk-Ins to AHLTA
- Captures key elements needed for Visit Workload Reporting
- Tracks Appointment Status
  - PENDING, KEPT, WALK-IN, S-CALL, TEL-CON, OCC-SVC, LWOBS, CANCEL, NO-SHOW and ADMIN

### 6. KG ADC Data File (Encounter Data/Coding)

- Captures encounter Diagnosis and Procedure Coding for:
  - Outpatient, APV and Inpatient Attending Provider RNDS\*
- Provides clinical encounter data needed for identifying services provided, and measuring performance







# Clinic Profile

- **Establishes Workload Type for the Clinic:**
  - COUNT
  - NON-COUNT
- **NON-COUNT Locations cannot have COUNT Visits:**
  - Special Programs
  - Nurse Clinics
- **Identifies Appointment Types for the Clinic:**
  - COUNT (ACUT, WELL, ROUT, EROOM, RNDS\*, T-CON\*, etc.)
  - NON-COUNT (RNDS\*)
  - NON-COUNT (RN T-CON\*)
- **AHLTA supports the Workload Flag set by CHCS by:**
  - Clinic Type
  - Appointment Types within the Provider Profile (PPRO<sup>17</sup>)







# Sample DQ Check

RN/Tech T-CONS							Corrected in CHCS
CHCS Pull of 5 May @ 2000							NON-COUNT in CHCS
Verify in CHCS ^PPRO							
APPT_STATUS	TEL-CON						
Count of A_IEN							
WORKLOAD COUNT EM CODE							
FCC	CLINIC LOC	TYPE	HCP	HCP_SPEC	99441	99499	COUNT Total
BGAA	DOFM AMIC CL	T-CON*	AL	900		1	1
			FE	900		1	1
			RC	900		4	4
			SP	900		2	2
			WE	900		1	1
			MC	600	1		1
	WFM-TEAM DUTY	T-CON*	TU	600		15	15
	WFM-TEAM HONOR	T-CON*	FE	900	1	43	44
	WFM-TEAM RESPECT	T-CON*					
	BGAA Total				2	67	69

## NOTES

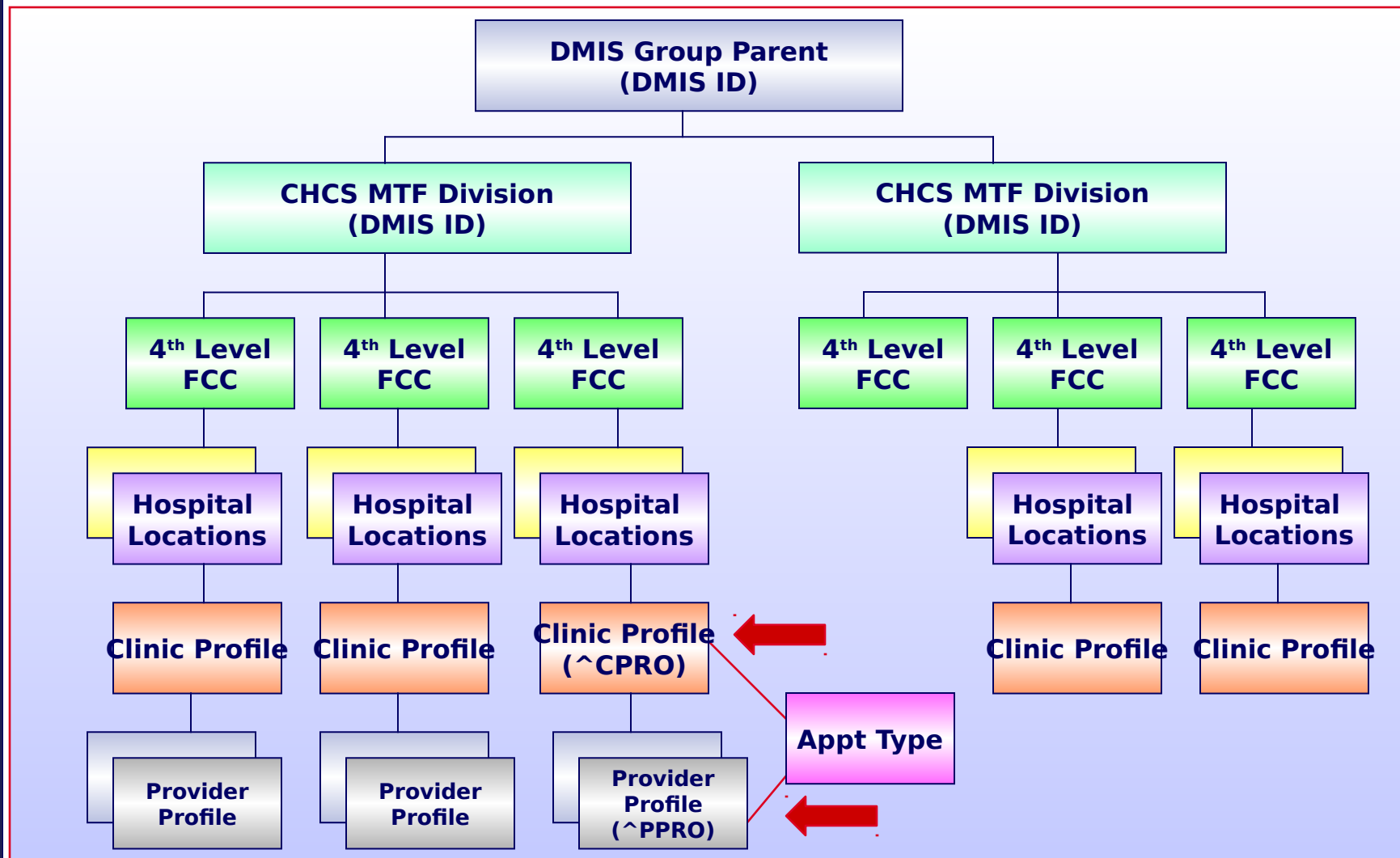
- Correct Profiling for RN T-CONS helps reduce COUNT Visit reporting errors for RN T-CONS
- RN T-CONS should be NON-COUNT in the CHCS Provider Profile Option (^PPRO)
- If the RN Profile is correct in CHCS, but still results in COUNT T-CONS, log a Trouble Ticket to re-synch Provider with AHTLA







# Linking It All Together



Provider Profile identifies Clinic Locations where the Provider sees Patients and valid Appointment Types 19





# Provider File

- **Provider ID (Short Name)**
  - Typically 5 characters of Last Name plus 1-2 Characters of First Name
  - Used by numerous MHS and Service reports
- **National Provider ID (NPI)**
- **Provider Class**
  - Locally defined Provider Type
  - Physician, Resident, Pharmacist, Clinical Nurse, Student, Technician, etc.
- **Provider Signature Class**
  - Establishes Provider Privileges for Ancillary Order Entry
- **Medical Specialty->HIPAA Taxonomy->CMAC Class**
  - CMAC Class used to calculate billing rate for Outpatient Itemized Billing
  - Multiple HIPAA Taxonomies may be assigned
- **Associated Clinic Locations**
  - Supports AHLTA Appointment List Display
- **Active AHLTA Account (Yes/No)**



See Notes for Provider File Business Rules





# Provider File Elements

## CHCS Menu Path

-----  
DAA     Data Administration Menu  
  CFT     Common Files and Tables Management Menu  
    CFM     Common Files and Tables Maintenance Menu  
    ->> PRO     Provider File Enter/Edit

PROVIDER:    QUIRT,RICHARD

                  Name:    QQQTEST,PROVIDER  
                  Provider Flag:    PROVIDER  
                  Provider ID:    QQQTESTP  
                  Provider Class:    PHYSICIAN  
                  SSN:    000-99-9999

Select PROVIDER SPECIALTY:

  FAMILY PRACTICE PHYSICIAN (001)

Primary Provider Taxonomy: 207Q00000X

  CMAC Provider Class: 01 - MEDICAL DIRECTOR/DOCTOR

Select PROVIDER TAXONOMY:

  207Q00000X

                  Location: DQ FAMILY PRACTICE  
                  HCP SIDR-ID: 001289  
                  Branch of Service: US NAVY  
                  Rank: CAPTAIN

Active CHCS II Account: YES

**Provider Class includes  
Provider Signature  
Class, that determines  
Ancillary Order Entry  
Privileges**

**All Direct Care Providers MUST  
have a Direct Care Medical  
Specialty <=905**

**FY 07 data requires a valid  
Medical Specialty to be Relative  
Value Units (RVU) to be  
"credited"**

**When Provider Medical Specialty  
is changed, the HIPAA Taxonomy  
must be manually updated in**





# Provider File “Team”

- **IMD/Data Admin:**
  - Creates CHCS User Account
  - Assigns CHCS Security Keys (per Staff Role)
- **Credentials:**
  - Creates Provider File Entry in CHCS
  - Enters Medical Specialty/HIPAA Taxonomy
  - Enters Class/Signature Class
- **Clinical/Operations/MCP Network Manager:**
  - Sets PCM Flag
  - Manages PCM Capacity
- **Clinic Managers/Appt Supervisors:**
  - Clinic Profile Entry/Updates (^CPRO)
  - Provider Profile Entry/Updates (^PPRO)
- **IMD (System Admin, Security and Training):**
  - Security Clearance
  - Network Access
  - CHCS/AHLTA Account Transfer
  - Training
- **Business Systems (Personnel/MEPRS/DMHRS):**
  - Provider Type->Skill Type-> Occ Code
  - Name Match with CHCS (Based on DEERS/CCQAS Provider Name)
  - Pay Grade
  - Location Assigned
- **Locally Developed Form(s) designed and utilized to streamline and standardize processes**







# Time to Break...

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# **Best Kept Secret! - OLUM**

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- **CHCS On-Line Users Manual (OLUM)**
- **Electronic documentation and index of CHCS Functions and Reports**
- **Accessible by ALL CHCS Users:**
  - **Type OLUM** (from any Menu display in CHCS)
  - **Select IND to access the OLUM Index**
  - **Select CHCS Sub-System (Arrow Down to view additional topics**
  - **Browse or Find topic of interest such as “Monthly” or “Hospital Location”**
- **Does not include recent CHCS updates**





# Topics by Sub-System

## OLUM INDEX

	BAS	Basic CHCS Information
	CLN	Clinical
	DTS	Dietetics
	FQA	Facility Quality Assurance
	LAB	Laboratory
	MCP	Managed Care Program
	MM	MailMan User Guide
	MSA	Medical Services Accounting
	PAD	Patient Administration
	PAS	Patient Appointment and Scheduling
	PHR	Pharmacy
	RAD	Radiology
	RIT	Record/Image Tracking
+	WAM	Workload Assignment Module

The CLN volume includes information on:

- Enter/maintain orders, document patient care functions
- Review clinical results/orders, flowsheets and graphs
- Telephone consult, clinical desktop, and more.

Press <F10> to return to the OLUM Menu.


- **Select CHCS Sub-System**
- **Select “Browse” from Action Bar Menu to view documentation and report samples**





# Sub-System Topics Index

## PAD ONLINE USERS MANUAL INDEX

	1	(204) Clinical Records with Forced (Override) Flag	2.9.13.6.7
	2	(460) No of Dispositions and Days Data by DRG	2.9.13.6.1
+	35	ADT Processing Output Menu	2.4.11
	36	Cancel ADT Transactions	2.4.7
	37	Change Clinical Service	2.4.10
	38	Corrections and ADT View	2.4.8
	39	Disposition option (General Information)	2.4.2
	40	Information Desk Display	2.4.5
	41	Interward Transfer	2.4.3
	42	Projected Disposition	2.4.9
	43	Review Pending ADT Actions	2.4.4
	44	RON Admission	2.4.6
	45	ADT Processing Output Menu	2.4.11
	46	Adm & Disp Recap by PATCAT	2.4.11.1
	47	Admission and Disposition Report	2.4.11.2
	48	Admission by Diagnosis Report	2.4.11.3
	49	Admission Cover Worksheet	2.4.11.4
	50	Admission Notification to Unit	2.4.11.5
	51	Admission Verification Worksheet	2.4.11.19
+	52	Alpha Roster	2.4.11.6

Access text and browse through information.

<Select> = Select item


<Return> = Redisplay action bar

? = Help





# Patient Registration

- **Patient MUST be entered into the CHCS “Host” database to be able to be used in AHLTA**
- **CHCS checks to help prevent creation of duplicate patients**
  - Double entry to confirm Sponsor SSN
- **Requires Fileman “&” (Ampersand) key to enter new patients**
- **Performs DEERS query to obtain Enterprise Person ID, Eligibility Status and “Lock Down” key person identifiers**
  - Enterprise Person ID is key to correlating patient data in AHLTA
- **Allows Pseudo-Individual SSNs (800-YY-MDDD)**
  - Assign responsibility for updating Pseudo SSNs
- **Allows users with Full or Mini-Registration access to update:**
  - Address and Contact Information
  - Outpatient Medical Records Location
  - Patient Category – to identify beneficiary relationship to the MHS
  - Station/Unit ID – MTFs can create locality specific Unit ID Table
-  **Tools you can use: (See Patient Registration)**  
<http://www-nmcp.med.navy.mil/EduRes/CompMedia/chcs/nuggets2.asp>





# Mini-Registration

Patient: PATIENT,TEST C Mini Registration  
FMP/SSN: 20/999-99-9905 DOB: 23FebNN PATCAT: N22 Sex: F

★ Patient: PATIENT,TEST C DOB: 23 Feb NNNN ★  
PATCAT: N22 (USN RES INACT DUTY TRG) FMP: 20  
Home Phone: 910NNNNNNN W: 9109079989 SSN: 999-99-9905 ★  
Patient Addr: NNNN WISTERIA LANE Sex: FEMALE ★  
City: FAYETTEVILLE St/Cntry: NC Zip: 28314-9212

Sponsor: PATIENT,TEST C Service: NAVY  
FMP: 20 Sex: FEMALE Sponsor SSN: 999-99-9905  
PATCAT: N22 (USN RES INACT DUTY TRG) DOB: 23 Feb NNNN  
Command Sec: Rank: LIEUTENANT COMMANDER ★  
Local UIC:  
Duty Address:  
City: St/Cntry: Zip:  
Duty Phone: 9105559989 DSN:

Reg Comment: HIPAA METHOD OF CONTACT - HOME PHONE

- Key person identifier elements “synched” with DEERS are “Locked Down” ★
- MTF Staff are responsible for Patient Category updates for Billing and Workload Reporting
- Updates to Demographics and Contact Information must be made in CHCS. Specific CHCS fields will then update AHTLA
- Consider using Home Phone as Preferred Method of Contact





# DEERS Address Updates

---

- **Do not use % \* ~ ? [ ] { } in the address field**
- **Enter complete Phone Number including Area Code**
- **Rules for CHCS/DEERS Address Updates:**
  - CHCS requests eligibility data from DEERS, for NEW Registrations
  - Address information from DEERS is downloaded into CHCS
  - A date/time stamp is associated with the address update
  - If the patient is found in DEERS, the DEERS Patient ID is downloaded to the CHCS patient file
  - When the address is updated on CHCS, DEERS is updated, ONLY IF there is a DEERS Patient ID in CHCS - without this ID DEERS can't make a match and update CHCS
  - When DEERS receives update message, it compares the address update date/time to whatever date/time is on file in DEERS. If the message from CHCS isn't "fresher" than the data on file, it is dropped

After the initial registration, CHCS does not automatically update address data from DEERS unless the user specifically uses the "Demographics" action on the DEERS Eligibility Request option, and chooses to update the data.

User must also have the CHCS DG Reg Sync Security Key to synchronize/download DEERS data elements into CHCS.





# Duplicate Patients

- **Duplicate Patient Prevention and Merge processing in CHCS is critical to ensure a single electronic medical record in AHLTA**
- **Frequent causes for duplicate patients in CHC**
  - Newborns (Twin births)
  - Typographical and/or Transcription Errors
  - Name & Sponsor Changes
  - Pseudo-SSNs (John Doe Registrations)
  - Mail-In Labs (Creates Pseudo Patient Name)
  - Lack of Dual Eligibility Patient Indicator in DEERS/CHCS
- **CHCS Potential Duplicate Patient Search identifies potential duplicates for DQMCRL Review List Item C.2. Item a)**
- **CHCS User Registration Report identifies users requiring additional training to support DQMC Review List C.2. Item b)**
- **Dedicated MTF POC needed to investigate duplicates and perform patient merges on CHCS**
- **MHS Trouble Ticket required to resolve duplicate patients in AHLTA**
- **Weekly updates of CHCS Patient Merges submitted to MHS Help Desk**







# DQMCRL Reporting

---

- **Run CHCS standard report - "Potential Duplicate Patient Search"**
- **Only MTFs on host CHCS platforms should report**
- **MTFs on shared CHCS host platforms should report the count for the platform and note that the platform is shared and which MTFs share the platform (list by DMIS ID and DMIS Facility Name)**



- **Duplicate Patient Reporting Menu, Security Keys and Report Samples (See Back-up Materials)**





# Risk and Prevention

- **Potential Risk to Patient Safety!**

- CHCS cannot perform Drug-Allergy checks across duplicate records
- Pharmacy Data Transaction System (PDTs) may miss critical Drug-Drug checks
- Important clinical history may not readily visible in CHCS, DoD/VA SHARE and AHLTA
- Implications for Orders entered in AHLTA – Appears to the Provider as “Orders NOT Writing Back to CHCS”

- **Train Patient Look-Up Processes:**

- CAC Card Look-Up (Bar Code Scanner)
- Verify against Military ID Card/CAC Card
- First Initial of Last Name + Last 4 Sponsor SSN -> C127
- Partial Name -> COLON,C
- Last Name+Last 4
- Full Patient (Individual) SSN -> 123-44-1234
- Hyphenated Last Names (No Hyphen)







# Enrollment Processing

---

- **Interface between CHCS/DEERS supports TRICARE Managed Care Enrollments for TRICARE Prime MTF Enrollees**
- **When key data elements or Sponsor data does not match between CHCS/DEERS, an error or discrepancy will be reported**
- **Enrollment data errors potentially impact successful updates:**
  - New Enrollments
  - Enrollment and PCM Transfers
  - Family Member Enrollments
- **MTFs are not credited with the enrollment if there is an enrollment error and the enrollment is not valid in DEERS**
- **Enrollment errors may result in delays in TRICARE Network Consult/Referrals being processed - impacting Patient Care!**







# Call in the "PIT Crew"!!!

## NED Discrepancy Report

Report Run Date:

13-Sep-10

Parent DMIS	Child DMIS	Facility Name	BOS	HSR	Region	Count
6992		ACTIVE DUTY NAVY	Navy	0	Overseas	8,807
91		NH CAMP LEJEUNE	Navy	17	North	3,119
124		NMC PORTSMOUTH	Navy	17	North	1,933
89		WOMACK AMC-FT. BRAGG	Army	17	North	1,189
79		99th MED GRP-O'CALLAGHAN HOSP	Air Force	19	West	993
112		7th MED GRP-DYESS	Air Force	18	South	955
612		BRIAN ALLGOOD ACH-SEOUL	Army	14	Overseas	901
639		35th MED GRP-MISAWA	Air Force	14	Overseas	889
43		325th MED GRP-TYNDALL	Air Force	18	South	860
120		1st MED GRP-LANGLEY	Air Force	17	North	830
95		88th MED GRP-WRIGHT-PATTERSON	Air Force	17	North	735
629		65th MED GRP-LAJES	Air Force	13	Overseas	653
69		KIMBROUGH AMB CAR CEN-FT MEADE	Army	17	North	623
607		LANDSTUHL REGIONAL MEDCEN	Army	13	Overseas	621
118		NHC CORPUS CHRISTI	Navy	18	South	620
117		59th MED WING-LACKLAND	Air Force	18	South	574
635		39th MED GROUP-INCIRLIK	Air Force	13	Overseas	573
62		2nd MED GRP-BARKSDALE	Air Force	18	South	541
60		BLANCHFIELD ACH-FT. CAMPBELL	Army	17	North	526

Source:

TRICARE Operations Center [http://mytoc.tma.osd.mil/Front\\_pageA.html](http://mytoc.tma.osd.mil/Front_pageA.html)

NED Discrepancy - Patient Information Transfer (PIT) Summary

Report





# Other Health Insurance

---

- **DEERS interfaces with CHCS to enter and update Other Health Insurance (OHI):**
  - CHCS can query DEERS for OHI entered by other MTFs
  - Used to bill for both Inpatient and Outpatient services
  - Primary, Secondary and Tertiary benefit coverage
  - New and Updated Demographics and OHI sent to TPOCS daily
  - OHI cannot be entered for Active Duty and Civilian Patient Categories
- **Every Clinic - Every Day!**
  - **Transfer the DD2569s to the UBO! (Snail Mail, Fax or Scan)**
  - Entry/Validation of OHI in CHCS within 3 calendar days necessary to prevent manual back-billing or erroneous billing





# MSA/TPOCS Billing



**MANUAL RE-WORK**

**If OHI is for DD7A  
Billable  
Beneficiary,  
Exclude DD7A  
Charges in MSA**



**DD  
2569  
Other  
Health  
Insurance**

## If new OHI - Check for Prior Billable Services

**Enter/Update OHI  
in CHCS->DEERS**

## Encounters Completed AFTER 3 Business Days Will Still Be Sent to Billing - If OHI is on File





# Visit Criteria ???

- **MEPRS Workload Reporting guidelines establish the definition for:**
  - » "COUNT" Visits
  - » "NON-COUNT" Visits
- **A "COUNT" VISIT requires 3 Key Elements to = Workload:**
  - » 1. Interaction between patient and healthcare provider
  - » 2. Independent judgment/assessment of patients condition, to accomplish one or more of the following:
    - Examination
    - Diagnosis
    - Counseling
    - Treatment
  - » 3. Documentation

**Focus Shifting from Counting "Visits" to Measuring Work/Services Provided**





# Workload Assignment

---

- **Outpatient Visit Workload includes:**
  - **DMIS ID Group Parent**
  - **Treating MTF DMIS ID**
  - **4<sup>th</sup> Level MEPRS Code (FCC):**
    - » Inpatient – “A” Level FCCs (Admissions/Dispositions and Occupied Bed Days)
    - » Outpatient – “B” Level FCCs and FBN\* (Dental – “C” Level FCCs)
    - » Ancillary – “D” Level FCCs
    - » Special Programs – “F” Level FCCs (FBN\* Hearing Conservation)
  - **Clinic Type (Only COUNT Visits are reported as Workload):**
    - » World-Wide Workload Report (WWR)
    - » WAM/EAS (Cost Accounting)
  - **Patient Category (Rolls up to Beneficiary Category)**
  - **Patient Status (Inpatient/Outpatient)**
  - **Appt Status (KEPT, S-CALL, WALK-IN or T-CON\*)**





# MSR Outpatient Visits

WOMACK ARMY MEDICAL CENTER

05 May 2010@1554

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## MONTHLY STATISTICAL REPORT by GROUP

From: Apr 2010 To: Apr 2010

MEPRS/DMIS		COUNT WORKLOAD			NON-COUNT WORKLOAD		
Code	Description	# In	# Out	Total	# In	# Out	Total
***DIVISION SUMMARY***							
BAAN/7286	INTERNAL MED - JOEL	0	228	228	0	35	35
BGAN/7286	JOEL HEALTH CLINIC	4	5339	5343	0	1755	1755
BHCN/7286	OPTOMETRY - JOEL	0	420	420	0	21	21
BHDN/7286	AUDIOLOGY - JOEL	0	31	31	0	11	11
BJAN/7286	FLIGHT MED - JOEL	0	19	19	0	36	36
FBNN/7286	JOEL - HEARING CONSERV	0	660	660	0	0	0
Division Total:		4	6697	6701	0	1858	1858

WOMACK ARMY MEDICAL CENTER

05 May 2010@1554

Page 773

## MONTHLY STATISTICAL REPORT by GROUP

From: Apr 2010 To: Apr 2010

MEPRS/DMIS Code	Description	COUNT WORKLOAD			NON-COUNT WORKLOAD		
		# In	# Out	Total	# In	# Out	Total
AAAA/0089	INTERNAL MEDICINE	0	0	0	2	0	2
ABAA/0089	GENERAL SURGERY	0	0	0	3	1	4
AEAA/0089	ORTHOPEDICS	0	0	0	1	0	1

- Excellent tool for Visit Workload and Provider Time Reporting Reconciliation
- MSR includes both COUNT and NON-COUNT Visits
- Look for possible mis-assigned NON-COUNT mis-assigned Visits





# e-MSR

e-MSR View						
CHCS Pull of 5 May @ 2000						
APPT_STATUS		(Multiple Item)				
Count of A_IEN			INPT_OUTP WORKLOAD			
			OUTPATIENT		INPATIENT	Grand Total
CLINIC_LOC	FCC	TYPE	COUNT	NON-COUNT	COUNT	
JHC-BLUE TEAM	BGAN	ACUT	607	164		771
		EST	722	64	3	789
		GRP		3		3
		PCM	12			12
		PROC	15			15
		ROUT	633	9		642
		SPEC	3			3
		T-CON*	199	426		625
JHC-BLUE TEAM Total			2591	697	4	3292
JHC-RED TEAM	BGAN	ACUT	378	87		465
		EST	373	18		391
		PCM	6			6
		PROC	8			8
		ROUT	281	3		284
		T-CON*	263	176		439
		WELL	185	276		461
JHC-RED TEAM Total			1494	560		2054
JHC-WHITE TEAM	BGAN	ACUT	363	39		402
		EST	385	80		465
		GRP		1		1
		PCM	6			6
		PROC	20			20
		ROUT	204	1		205
		T-CON*	153	104		257
		WELL	123	27		150
JHC-WHITE TEAM Total			1254	252		1506
JOEL T-CON	BGAN	T-CON*		246		246
JOEL T-CON Total				246		246
Grand Total			5339	1755	4	7098

- CHCS Ad-Hoc from the Patient Appointment File helps resolve the differences in Visits
- CHCS Ad-Hoc consistently maps to Monthly Statistics Report





# WAM Outpatient Visits

UIC: W2L6AA JOEL AHC - FT. BRAGG  
DMIS ID: 7286

06 May 2010 0642  
Page: 21

## DATA SET WORKLOAD REPORT Month: Apr Year: 2010

(Last Data Gen 05/05/10@2005)

DATA SET	Perform FCC/DMIS	Request FCC	DMIS ID	CPT CODE Lab & Rad	*CAT 1	*CAT 2	*CAT 3	*CAT 4	*CAT 5	*CAT 9	Raw Amt Sys-Gen	Wgt Amt Sys-Gen	Raw Amt Edit	Wgt Amt Edit
OUT	OUTPATIENT VISITS													
	BAAN/7286				8	10	73	137	0	0	228	0.00	0	0.00
	<b>BGAN/7286</b>				<b>1993</b>	<b>1656</b>	<b>656</b>	<b>985</b>	<b>17</b>	<b>0</b>	<b>5307</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>
	BHCN/7286				362	48	5	5	0	0	420	0.00	0	0.00
	BHDN/7286				0	23	1	7	0	0	31	0.00	0	0.00
	BJAN/7286				17	0	1	0	1	0	19	0.00	0	0.00
	FBNN/7286				637	11		3	0	0	660	0.00	0	0.00
	Totals:				3017	1748		1137	18	0	6665	0.00	0	0.00

\*CAT is Beneficiary Category: 1=ACTIVE DUTY, 2=FAM MBR, 3=RETIRED, 4=FAM MBR OF RETIRED, 5=OTHER, 9=NOT REPORTED.

## Workload Reconciliation In-Progress



- Includes only COUNT Visits
- Patient Category is used to Roll Up to Beneficiary Category
- Visit data sent to EAS using the CHCS Workload Assignment Module (WAM) Interface
- Synchronize when Workload Reports are run





# Worldwide Workload

JOEL AHC - FT. BRAGG  
DMIS ID: 7286 (Roll-up Report)

WORLDWIDE WORKLOAD REPORT - SECTION I.A.2  
Reporting Period: Apr 2010  
Calculated: 05 May 2010 2023  
TOTAL WORKLOAD BY PATIENT CATEGORY WITHIN 4TH LEVEL MEPRS

06 May 2010 0643 Page 62

TYPE OF REPORT (CHECK BOX): ☐Initial ☒Monthly ☐Final ☐Corrected

Item 00 = Basic  
Item 01 = Live Birth

Item	MEPRS/DMIS PATCAT	Clinic Service	Admissions	Bed Days	Sick Days	Inpatient Visits	Outpatient Visits	Ambulatory** Proc Visits
	BGAN/7286	JOEL HEALTH CLINIC	-	-	-	[4]	[5307]	-
A11	USA ACTIVE DUTY		-	-	-	-	1976	-
A12	USA AD RES		-	-	-	-	12	-
A13	USA AD RECRUIT		-	-	-	-	1	-
A15	USA NATIONAL GUARD		-	-	-	-	4	-
A22	USA RES INACT DUTY TRG		-	-	-	-	1	-
A31	USA RET LOS		-	-	-	-	540	-
A32	USA RET PDRL		-	-	-	-	15	-
A41	USA FAM MBR AD		-	-	-	3	1646	-
A43	USA FAM MBR RET		-	-	-	1	788	-
A45	USA FAM MBR DECEASED AD		-	-	-	-	5	-
A47	USA FAM MBR DECEASED RETIRED		-	-	-	-	70	-
A48	USA UNREMARIED FRM SPOUSE		-	-	-	-	14	-
C31	USCG RET LOS		-	-	-	-	1	-
C43	USCG FAM MBR RET		-	-	-	-	1	-
F31	USAF RET LOS		-	-	-	-	82	-
F32	USAF RET PDRL		-	-	-	-	1	-
F41	USAF FAM MBR AD		-	-	-	-	6	-

\*Fourth level MEPRS Codes are not standardized above the MTF level. Comparisons of fourth level data between MTFs are not valid.

\*\*Ambulatory Procedure Visits are INCLUDED in the Outpatient Visits Columns by B Level MEPRS Code, as of CHCS Version 4.5.

Ambulatory Procedure Visits are included in item code 14 in the Worldwide Workload Report ASCII file, as of CHCS Version 4.6.

- Includes ONLY COUNT Visits
- Note the different Run Dates/Times
- OCC-SVC T-CONS Most often reason for Visit differences





# Workload Comparisons

---

- The **COUNT/NON-COUNT Visit Workload Flag** impacts the comparison of Outpatient workload data in the following sections:

- **DQMCRL Section C8.**
  - **# of SADR encounters (count only) / # of WWR visits**
  - **# of EAS visits / # of WWR visits**

Day Visit processing) is sent to M2 to forecast the number of SADR Encounters - "I" Inferred SADRs

- Daily Appointment file sent to M2 also includes COUNT and the NON-COUNT Workload Flag





- MHS Trouble Ticket Logged (Nov 2009):
- AHLTA Updating Visits to NON-COUNT: Trouble Ticket # MHSINC000137197
- Problem occurs when Staff that require Supervising Provider Copy/Paste in to Add-Note, after the AHLTA Nightly processing





# Inpatient Visits

## WALK-IN SEARCH CRITERIA

Patient: HEALTHE,YOU

Clinic: QQQCHCSIITESTBRAGG CLINIC/WAMC

Clinic Phone:

Provider: QQQCHCSIITEST,BRAGGDOCA

Detail Codes:

Time Range: 0950 to 0950

Dates: 14 Feb 2010 to 14 Feb 2010

FMP/SSN: 30/800-11-2255

ATC Category:

Appt Type: ACUTE APPT

Duration:

Srv Type:

Days of Week:

-----  
**This is an inpatient.**

**Are you from the attending service? No//**

- **Both CHCS and AHLTA will prompt:**
  - (CHCS) Are you from the attending service? No//
  - (AHLTA) Related to Inpatient Stay?:
- **Allied Health Providers-> Accept CHCS default**
- **Consulting Providers-> Accept CHCS default of**
  - The Visit will be a COUNT
  - Visit will have an "B" Level FCC
- **Only the Attending Clinical Staff of the Same Clinical Service should answer "YES"**







# Inpatient Admissions

---

- **CHCS is the source system for Inpatient Admissions, Transfers and Dispositions:**
  - Assigns Occupied Bed Days (OBDs) at the Census Hour, to the current Clinical Service
  - Day of Admission is always equal to an OBD, even if the Admission is less than 24 Hours, unless the patient is a Transfer In and Out the same day
  - Day of Discharge is not counted as an OBD
  - Current Clinical Service used as the Requesting Location for Inpatient Ancillary Services
  - Current Attending Provider and Clinical Service used to create Inpatient Professional Services Record (IPSR RNDS\*) in CHCS Ambulatory Data Module (ADM)
- **Correction Management allows corrections to:**
  - Inpatient Clinical Service, OBDs and Admission-Disposition Date/Time
  - Inpatient Patient Category used for Workload and Billing
  - Recalculates OBDs for Inpatient workload reporting and MSA Inpatient billed charges
  - Does not support corrections to Ancillary Requesting Locations
- **Inpatient Coding:**
  - ICD-9 Codes used to capture both Diagnosis and Inpatient Procedures
  - NATO STANAG (2050) for Cause of Injury Coding
  - Diagnosis Related Grouping (Inpatient CCE – MS-DRG Grouping)





# **Attending RNDS\***

---

- **Each Admission/Discharge and Transfer transaction will trigger CHCS to create a RNDS\* Encounter in CHCS-ADM**
- **The RNDS\* Encounter captures the Inpatient Professional Services of the Attending Provider**
- **RNDS\* Encounters are completed in ADM**
  - ICD-9 Dx
  - CPT Procedures (Including Evaluation & Mgmt)
- **RNDS\* Encounters not completed within 30 days are automatically Cancelled by CHCS**
- **Recommend that the 99499 “Placeholder” be entered for RNDS\***
  - RNDS are NON-COUNT and do not require an E&M Code





# Corrections Management

Patient: BXXXX,XXXXXX							VIEW ADT	
FMP/SSN: 20/XXX-XX-XX22			DOB: XXFebXX		PATCAT: A31		Sex: M	
=====								
TYPE	DATE	TIME	RMEPRS	MEPRS	WARD	RM-BD	DAYS	
ADM	14Aug07	2030	AAAA	AAHA	ICU2W	3	Reg# 1306883 (T) ERA	
WRD	17Aug07	1316		AAAA	4SMED	3	Interward transfer	
DSP	20Aug07	1340					Disp type: HOME	
							Bed days=6	
							Sick days=6	

- **Corrections Management ONLY supports Inpatient data:**
  - Patient correctly admitted to AAAA with the system transfer to an ICU (AAHA) Location and Dispositioned from the AAAA FCC
  - AAAA is the Referring MEPRS (R-MEPRS) for OBDS
  - SIDR and WWR will contain OBDs for "A" Level ICU FCCs, however WAM/EAS will include these OBDs within the R-MEPRS
  - Inpatient Professional Services Records (IPSR) created by CHCS Ambulatory Data Module (ADM) will use the current Clinical Service or R-MEPRS for the RNDS\* Encounter
  - DG CORMAN Security Key provides ability to change Admissions data, including Patient Category and Bed Days to recalculate MSA Billed Charges





# Inpatient Data

---

- **Inpatient data is reported in Standard Inpatient Data Record (SIDR)**
- **The SIDR is an ASCII Batch extract file of patient level Inpatient data, generated monthly by CHCS:**
  - Army MTFs also create in interim monthly SIDR - “D” Records Only
  - “D” Records contain a Final Assigned DRG
- **Key SIDR data elements include:**
  - Treatment MTF DMIS ID
  - Admission/Disposition Dates
  - Source of Admission/Type of Disposition
  - ICD-9-CM Diagnosis & Procedure Codes
  - Diagnosis Related Group (DRG) and Weight
  - Patient Demographics (including Patient Category and Enrollment)
  - Age at Admission
  - Occupied Bed Days per Clinical Specialty (4<sup>th</sup> Level FCC)
  - Intensive Care Unit (ICU) Days
  - MEPRS Code of the Referring Clinical Specialty for ICU Care



**See Notes view for SIDR Record Status Flags**





# SIDR Status

SIDR Days Summary					
As of 26 Apr @ 1630					
DC FY	FY-10				
Count of REG NBR		MET NOT ME			
DC MO	CODING	MET	NOT MET	(blank)	
Oct-09	Approved	5	1032		
	Not Coded				
Oct-09 Total		5	1032		
Nov-09	Approved		904		
Nov-09 Total			904		
Dec-09	Approved	25	889		
	Not Coded				
Dec-09 Total		25	889	1	915
Jan-10	Approved	677	220		897
	Not Coded			2	2
Jan-10 Total		677	220	2	899
Feb-10	Approved	874	94		968
	Not Coded			1	1
Feb-10 Total		874	94	1	969
Mar-10	Approved	977	116		1093
	Not Coded			36	36
Mar-10 Total		977	116	36	1129
Apr-10	Not Coded			840	840
Apr-10 Total				840	840
Grand Total		2558	3255	881	6694

## Notes



- High # SIDR Not Met Expected during 1st Qtr each FY due to delays in receiving updated ICD-9 and DRG tables.
- FY10 ICD-9/MS-DRG Table updated 16 Jan 2010
- Pre-Coding FY10 Admissions in CCE, reduced Catch-Up Time to transmit SIDRs





# MS-DRGs in 2009

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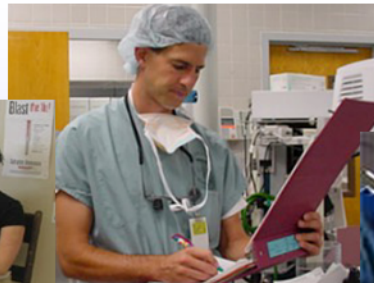
- **MHS transitioned from CMS Diagnosis Related Groups (DRGs) to Medicare-severity DRGs**
- **Expands # of DRGs from 538 to 745**
- **Caution when pulling 2009 data by DRG from CHCS!!!**
- **Some CMS DRGs now have a completely different description and weighted value**
- **Examples:**
  - 373 (CMS DRG) VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES  
(MS-DRG) MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS
  - 376 (CMS DRG) POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE  
(MS-DRG) DIGESTIVE MALIGNANCY W/O CC/MCC
  - 378 (CMS DRG) ECTOPIC PREGNANCY  
(MS-DRG) G.I. HEMORRHAGE W CC
  - 379 (CMS DRG) THREATENED ABORTION  
(MS-DRG) G.I. HEMORRHAGE W/O CC/MCC





# It Takes a Team!

- 1. Workload Reconciliation and Coding Compliance Review/Audit**
- 2. Interface Error Management**
- 3. Data Needed for Operational Assessments and DQMCRL**







# DQ Process Area Review

## **Enrollment, Demographics & Other Health Insurance (CHCS/DEERS)**

1. Patient Registration
2. Duplicate Patients
3. NED Error Processing
4. CHCS/DEERS Sync
5. Eligibility Verification

## **Clinical (CHCS/ADM & AHLTA)**

7. Clinic & Provider Profiles (Specialties & Workload Flags)
8. Individual Check-In/End of Day Processing
9. Correct assignment of Inpatient Attending Provider and Service
10. Coding Accuracy and Timely Completion

## **Cost/Performance & Billing (CHCS/ADM/EAS/M2)**

12. Ancillary File Maintenance
13. Common File Synchronization Across Systems (Personnel and Clinical)
14. Synchronization of Workload Reporting (SIDR/SADR, WWR, WAM/EAS)
15. Accurate data to study Access to Care, Quality Improvements, Business Planning and Market Share Analysis

11. Ancillary Order

6 **Be Prepared for the "Duration"... Data Quality is not at One-Time Effort...**

Locations





# Tri-Service Web Sites

WEB SITE	LINK (Verified as of 13 Sep 2010)
<b>CHCS Courses &amp; Downloads</b> <ul style="list-style-type: none"><li>▪ Web Based &amp; Virtual Classroom</li></ul>	<a href="https://mhslearn.csd.disa.mil">https://mhslearn.csd.disa.mil</a> * CAC Log-In
<b>TMA Data Quality Management Control Program Training</b>	<a href="http://tricare.osd.mil/ocfo/mcfs/dqmcp/training.cfm">http://tricare.osd.mil/ocfo/mcfs/dqmcp/training.cfm</a>
<b>Post Deployment Health Toolbox</b> <ul style="list-style-type: none"><li>▪ Algorithms &amp; Coding Guides</li></ul>	<a href="http://www.pdhealth.mil/guidelines/toolbox.asp">http://www.pdhealth.mil/guidelines/toolbox.asp</a>
<b>TRICARE Operations Center</b> <ul style="list-style-type: none"><li>▪ Access to Care</li><li>▪ Enrollment Status Reports</li></ul>	<a href="http://mytoc.tma.osd.mil/Front_pageA.html">http://mytoc.tma.osd.mil/Front_pageA.html</a>
<b>MEPRS Early Warning and Control System (MEWACS)</b>	<a href="http://www.meprs.info/">http://www.meprs.info/</a>
<b>Uniform Biostatistical Utility</b> <ul style="list-style-type: none"><li>▪ Coding Guidelines and Updates</li></ul>	<a href="http://www.tricare.mil/ocfo/bea/ubu/index.cfm">http://www.tricare.mil/ocfo/bea/ubu/index.cfm</a>
<b>MHS Population Health Portal</b> <ul style="list-style-type: none"><li>▪ HEDIS Measures/Action Lists</li></ul>	<a href="https://pophealth.afms.mil/tsphp/login/login.cfm">https://pophealth.afms.mil/tsphp/login/login.cfm</a>





# Service Web Sites

WEB SITE	LINK (Verified as of 13 Sep 2010)
<b>Navy DQ Manual</b> <b>CHCS Ad-Hoc Templates</b> <b>Detailed explanations of CHCS features and issues impacting DQ</b>	<a href="https://dq.med.navy.mil/">https://dq.med.navy.mil/</a>
<b>Army Command Mgmt System*:</b> <ul style="list-style-type: none"> <li>▪ Portal to All AMEDD Metrics/Data</li> </ul>	<a href="https://cms.mods.army.mil/CMS/default.aspx">https://cms.mods.army.mil/CMS/default.aspx</a>
<b>Army PASBA*</b> <ul style="list-style-type: none"> <li>▪ DQ Metrics &amp; Coding Support</li> <li>▪ Coding VTC Presentations</li> </ul>	<a href="https://pasba3.amedd.army.mil/login/login.fcc">https://pasba3.amedd.army.mil/login/login.fcc</a> (CAC Login)
<b>Army MEPRS Program Office:</b> <ul style="list-style-type: none"> <li>▪ All things MEPRS and FAQs</li> </ul>	<a href="http://ampo.amedd.army.mil/">http://ampo.amedd.army.mil/</a>
<b>NMC Portsmouth “Nuggets”</b> <ul style="list-style-type: none"> <li>▪ CHCS &amp; AHLTA “How To’s” &amp; SOPs</li> </ul>	<a href="http://www-nmcp.med.navy.mil/EduRes/CompMedia/chcs/nuggets.asp">http://www-nmcp.med.navy.mil/EduRes/CompMedia/chcs/nuggets.asp</a>
<b>Navy AHLTA Resource Center</b> <ul style="list-style-type: none"> <li>▪ Video Demo Encounter Data</li> </ul>	<a href="http://www.navyahlta.com/choose-mtf.asp?s=466324380">http://www.navyahlta.com/choose-mtf.asp?s=466324380</a>
<b>* Role-Based Training</b> <b>* ARO Password Required</b> <ul style="list-style-type: none"> <li>▪ AHLTA Resources</li> </ul>	





# Best of the Web

WEB SITE	LINK (Verified as of 13 Sep 2010)
<b>American Medical Association CPT Code Look-Up</b> <ul style="list-style-type: none"><li>▪ Look-Up by Code or Keyword</li><li>▪ Includes Medicare RVU &amp; Payment</li><li>▪ Lists CPT Assistant References</li></ul>	<a href="https://catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp?checkXwho=done">https://catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp?checkXwho=done</a>
<b>Uniformed Services Academy of Family Physicians</b> <ul style="list-style-type: none"><li>▪ AHLTA Pearls and FAQs</li><li>▪ Training Links</li></ul>	<a href="http://www.usafp.org/AHLTA-838-Information-FAQs.html">http://www.usafp.org/AHLTA-838-Information-FAQs.html</a>
<b>ICD-9 Code Look-Up Tables</b> <ul style="list-style-type: none"><li>▪ Tabular Lists</li><li>▪ EZ Look-Ups</li></ul>	<a href="http://icd9cm.chrisendres.com/index.php?action=contents">http://icd9cm.chrisendres.com/index.php?action=contents</a>
<b>Physician Practice Tools</b> <ul style="list-style-type: none"><li>▪ E&amp;M Coding Benchmarks</li><li>▪ Medicare Physicians Fee Schedule</li></ul>	<a href="http://www.physicianspractice.com/index/fuseaction/tools.main.htm">http://www.physicianspractice.com/index/fuseaction/tools.main.htm</a>
<b>Survey Sample Size Calculator</b>	<a href="http://www.custominsight.com/articles/random-sample-calculator.asp">http://www.custominsight.com/articles/random-sample-calculator.asp</a>





# DQ - Where to Start ??

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## **1. Training - Attend CHCS Training offered at your MTF - If none are offered, explore options:**

- MedLearn
- NMC Portsmouth for CHCS Nuggets and AHLTA SOPs
- PASBA Coding VTC (Click on Coding->Coding VTC)

## **2. Coordinate with Provider/Nursing Champion and IMD to establish a CHCS/AHLTA Users Forum**

## **3. Understand your MTF Business Processes:**

- Provider/Staff In/Out-Processing
- CHCS/AHLTA Support and Training Team
- Coding Support and Provider Feedback
- Business Plan Targets/Balanced Scorecard Objectives Initiatives
- Special Programs
  - Warrior Transition Battalion
  - Case Management
  - Traumatic Brain Injury Clinic
- MTF unique systems and Ad-Hoc reports
- MTF staff responsible for key DQ processes